

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036741

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 141

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 7 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg Length of stay in 1b 55 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Johnson County Memorial Hospital Inside Limits
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 305 E. Culton St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH
CORA M. CONNER October 3rd. 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 4-1-1881 9. AGE (last birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife 10b. KIND OF BUSINESS OR INDUSTRY home 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles White 13b. MOTHER'S MAIDEN NAME Isabel "Unknown" 14. NAME OF HUSBAND OR WIFE Edwin H. Conner, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of no no 16. SOCIAL SECURITY NO. 17. INFORMANT Address G.R. Pine, Warrensburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Right Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 63 days
DUE TO (b) Spontaneous 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 20, 1963 to 10-3-1963 and last saw her her alive on 10-2-1963
Death occurred at 1:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS M.D. Warrensburg, Missouri 22c. DATE SIGNED 10-4-1963

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-6-1963 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery 23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.

24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Mo. 25. DATE RECD. BY LOCAL REG. Oct. 4, 1963 26. REGISTRAR'S SIGNATURE Savannah Cooterfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *P. A. Brunninger*

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.